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CONFIRMATION NO. 1888

<b>SERIAL NUMBER</b> 10/780,633	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> 040072-273
<b>APPLICANTS</b> Johan Nilsson, Hollviken, SWEDEN;				
<b>** CONTINUING DATA *****</b> <i>BWT</i> This appln claims benefit of 60/509,530 10/09/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>N/A BWT</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/10/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>BWT</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 42015				
<b>TITLE</b> Adaptive threshold for HS-SCCH part 1 decoding				
<b>FILING FEE RECEIVED</b> 1644	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	